

REQUEST FOR ACCOMMODATION OF DISABILITIES/CONDITIONS

STATE OF CALIFORNIA
CALIFORNIA STATE BOARD OF PHARMACY
400 R ST., SUITE 4070, SACRAMENTO, CA 95814
TELEPHONE: (916) 445-5014
WEBSITE ADDRESS: <http://www.pharmacy.ca.gov>

The California State Board of Pharmacy (board) will provide “reasonable accommodations” to applicants with disabilities and medical conditions, as defined by law. If you wish to request an accommodation for an examination administered by the board, please read this entire packet thoroughly before completing this request. This form (17A-78) must be submitted with the examination application or at least **90 days** prior to taking the examination. Upon receipt of the required information, the request will be considered and you will be notified in writing of the board’s decision. Accommodations will not be provided at the examination site unless prior approval by the board has been granted.

TYPE OF APPLICATION Pharmacist		EXAMINATION (circle one or both) NAPLEX California Pharmacist Jurisprudence	
Name:		Social Security Number:	
Address			
Business Telephone		Residence Telephone	
Describe your type of disability (e.g., physical, mental, etc.) <u>and</u> how this disability limits one or more of your major life activities. You need not answer this question if your request is based on a medial condition as defined in Government Code section 12926, subdivision (h).			
What is the nature and extent of the disability or condition (e.g., hearing impaired, dyslexic, etc.)?			
When were you first diagnosed with this disability or condition?			
Describe your treatment for this disability or condition (e.g., medication management-provide dose and effect medication has on the disability, physical therapy, hearing aids, magnifying equipment, psychotherapy).			
Describe the accommodation requested, given the format of the examination (s).			
Describe <u>any</u> past accommodations you have received for this disability or condition. For what purpose or examination were the accommodations provided for you and who evaluated you for purposes of receiving the accommodation?			
Provide the board written substantiation of your disability or condition (as described in section III of the board’s policies and procedures for reasonable accommodation) supporting the accommodations you are requesting. The board will not pay any costs you may incur in obtaining the required documentation. However, it will pay for any accommodations that are made for you. This information is considered to be confidential and will be divulged only as permitted or required by law.			

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Candidate’s signature	Date signed
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If you have any questions, you may contact the board and ask to speak with the Examination Coordinator. Applicants have the right to review their records, subject to the provisions of the Information Practices Act.